PTO/SB/22 (07-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			" UCSD1480-1	Docket Number (Optional) UCSD1480-1		
Application Number 10/770.885				Filed February 2, 2004		
For LIPID-DRUG CONJUGATES FOR LOCAL THERAPY OF EYE DISEASES						
Art Unit 1612				Examiner Snigdha Maewall		
			I for filing a reply in the above identified			
application.	est under the provisions of 37 GFK 1.13	o(a) to extend the p	eriod for filling a reply	in the above ident	illed	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
		Fee	Small Entity Fee			
\boxtimes	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	\$65.00	
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$		
	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$		
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$		
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1896.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
□ attorney or agent of record. Registration Number <u>38,347</u>						
attorney or agent under 37 CFR 1.34. Begistration number it acting under 37 CFR 1.34						
	Sin Haile	Fel	bruary 22, 2011			
Signature Lisa A. Haile, J.D., Ph.D.				Date 858,677,1456		
Typed or printed name				Telephone Number		
NOTE: Signatures signature is requir	of all the inventors or assignees of record of the en	tire interest or their repre	sentative(s) are required. S	Submit multiple forms if n	nore than one	
Total of 1 forms are submitted.						

This coastson of information is required by 3° DEF 1.18(a). The information is required to obtain or retain a benefit by the public which is to file and by 1987 OD opinions are publication. Condensatility is openioned by 56.1 Soc. 12 and 13° CFR.1.18 and 1.1.4 This collection is estimated to take 5 minutes to complete, including attheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the mortant of time you require to complete in form and/or supplesents for reducing this burden, should be sent to the Childran and Childran Case. Any comments of the mortant of time you require to complete in form and/or supplesents for reducing this burden, should be sent to the Childran and Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1490, Maximadia, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Patents, P.O. Box 4450, Maximadia, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Patents, P.O. Box 4450, Maximadia, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Patents, P.O. Box 4450, Maximadia, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Patents, P.O. Box 4450, Maximadia, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Patents, P.O. Box 4450, Maximadia, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Patents, P.O. Box 4450, Maximadia, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE PATENT TO THIS ADDRESS. SEND TH

